

HIGHLANDS BOARD OF EDUCATION **DOCKET FILE COPY ORIGINAL**

HIGHLANDS ELEMENTARY SCHOOL

360 NAVESINK AVENUE

HIGHLANDS, NEW JERSEY

07732-1323

KATHLEEN C. JANNARONE

School Business Administrator
Board Secretary

(732) 872-9228
FAX (732) 872-0432

August 23, 2001

RECEIVED
AUG 28 2001
FCC MAIL ROOM

TO: FCC
Office of the Secretary
445 12th Street, SW
12th Street Lobby
Washington, D.C. 20554

RE: CC Docket Nos. 96-45 & 97-21

**LETTER OF APPEAL (REVISED ATTACHMENTS
INCLUDE BAR CODE FORM 471)**

APPLICANT CONTACT INFORMATION: Kathleen C. Jannarone
360 Navesink Avenue
Highlands NJ 07732
732-872-9228

DECISION WE ARE APPEALING: FORM 471 CERTIFICATION -
REJECTION LETTER - INCOMPLETE
ELECTRONIC FORM NOT RECEIVED

**SPECIFIC APPLICATION IN
QUESTION:**

FORM 471
Applicant's Form ID: HES471
Application #: 239158
Entity No.: 7994
Authorized Signature: See
attached

ORIGINAL AUTHORIZED SIGNATURE:

Kathleen Jannarone

No. of Copies rec'd 0
DATE 08/28/01



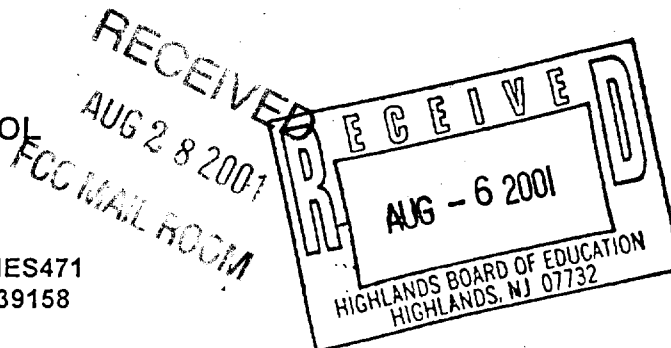
Universal Service Administrative Company
Schools & Libraries Division

Fund Year 4 FORM 471 CERTIFICATION-REJECTION LETTER

August 2, 2001

KATHLEEN JANNARONE
HIGHLANDS ELEMENTARY SCHOOL
360 NAVESINK AVE.
HIGHLANDS, NJ 07732

Re: Applicant's Form Identifier: HES471
Form 471 Application Number: 239158



Dear Applicant:

This letter is your notification that the Certification page of the FCC Form 471, *Services Ordered and Certification Form*, you submitted did not meet Minimum Processing Standards. Therefore we are returning your Form 471 Certification with this letter, *which means that the Schools and Libraries Division (SLD) could not process it.* Here is an explanation of the specific reason(s) your Form 471 Certification did not meet the Minimum Processing Standards:

- The Form 471 Certification submitted refers to a Form 471 filed on-line (electronically) that is incomplete.

If you disagree with this decision and you wish to appeal to the SLD, your appeal must be made in writing and received by us within 30 days of issuance of this letter. In your letter of appeal, please include: correct contact information for the appellant, information on the decision you are appealing, the specific application in question, a copy of this letter and an original authorized signature. Appeals sent by fax, e-mail or phone call cannot be processed. Please mail your appeal to: Letter of Appeal, Schools and Libraries Division, Box 125-Correspondence Unit, 80 South Jefferson Road, Whippany, NJ 07981.

While we encourage you to resolve your appeal with the SLD first, you have the option of filing an appeal directly with the Federal Communications Commission (FCC), by sending your notice of appeal to: FCC, Office of the Secretary, 445 12th Street, SW; 12th Street Lobby; Washington, D.C. 20554. Please reference CC Docket Nos. 96-45 and 97-21 on the first page of your appeal. If you choose to file an appeal with the FCC, your appeal must be received no later than 30 days from the date on this letter.

Schools and Libraries Division

Universal Service Administrative Company

Enclosure:

(1) Form 471 Certification

FCC Form 471
Services Ordered and Certified

FY 04

71C 01-23-01 5801001



NEC71C01-23-0105801001

SLD

Block 2 & 3

Block 4

Block 5

Block 6

Approval by OMB 3060-0806

Estimated Average Burden Hours Per Response: 4 hours

This form asks schools and libraries to list the eligible telecommunications-related services they have ordered and estimate the annual charges for them so that the Fund Administrator can set aside sufficient support to reimburse providers for services.

Please read instructions before beginning this application.

Applicant's Form Identifier:

(Insert your own code to identify THIS Form 471)

HES471

Form 471 Application #:

(inserted by Administrator)

239158

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1. Name of Billed Entity HIGHLANDS ELEMENTARY SCHOOL		2. Funding Year: 07/01/2001 - 06/30/2002 <input type="checkbox"/>	
3. Entity Number 7994			
4. Billed Entity (Applicant) Address, etc.			
a. Street Address, P.O. Box, or Route Number 360 NAVESINK AVE			
City: HIGHLANDS		State: NJ <input type="checkbox"/>	Zip Code + 4 07732 - <input type="checkbox"/>
b. Telephone Number (10 digits + extension) (732) 872 - 9228		c. Fax Number (10 digits) (732) 872 - 0432	
d. E-mail Address (50 characters max.)			
5. Type Of Application (Select only one type)			
<input checked="" type="radio"/> School (public or non-public school)			
<input type="radio"/> School District (LEA; public or non-public (e.g., diocesan) local district representing multiple schools)			
<input type="radio"/> Library (library (i.e. outlet/branch, system))			
<input type="radio"/> Consortium			
If you selected "Consortium" in #5 above, check here <input type="checkbox"/> if any members are ineligible non-governmental entities.			
6a. Contact Person's Name: KATHLEEN JANNARONE		Copy 4a-d above to 6b-e below	
Fill in every item of the Contact Person's information below that is different from Item 4 above, then select your preferred mode of contact.			
6b. Street Address, P.O. Box, or Route Number <input type="radio"/> 360 NAVESINK AVE			
City		State	Zip Code + 4

6c. Telephone Number (10 digits + ext.)		(732) 872 - 9228 ext.
6d. Fax Number (10 digits)		(735) 872 - 0432
6e. E-mail Address (50 characters max.)		
6f. Holiday/vacation/summer contact information		

Previous Page Back Print Preview

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HOME CANCEL SAVE & EXIT HELP

FCC Form 471

Services Ordered and Certification Form

**Block 2 & 3****Block 4****Block 5****Block 6**

Applicant's Form Identifier: HES471

Entity Number: 7994

Contact Person: KATHLEEN JANNARONE

Phone Number: (732) 872-9228

IMPORTANT

Please record this application's information in a secure place for future reference

471 Application Number: 239158

Entity Number of Billed Entity (Applicant): 7994

Security Code Number: 66888

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FCC Form 471

Services Ordered and Certification Form

SLD

Block 1 Block 4 Block 5 Block 6

Applicant's Form Identifier: HES471

Entity Number: 7994

Contact Person: KATHLEEN JANNARONE

Phone Number: (732) 872-9228

7. THIS ITEM CANNOT BE FILED ONLINE. You may use this item **ONLY** to inform the Fund Administrator if your request represents a minor modification, such as a modification of services, to a Form 471 for which you already have a Receipt Acknowledgement Letter. Minor modification requests can be filed **MANUALLY** only. For more information, check the SLD web site at www.sl.universalservice.org or call the SLD Client Service Bureau at 888-203-8100.

Block 3: Impact of Service Ordered in THIS Application

8. Please provide your best estimate of the number of people who will be served by all of the services ordered in THIS Form 471. Schools/school districts complete 8a. Libraries complete 8b. Consortia complete 8a and/or 8b.

a. Number of students to be served 270 b. Number of library patrons to be served 733

9. The following questions seek summary outcome information based on the services ordered in this Form 471 application. Please complete only those rows that are relevant to THIS application.

IF THIS APPLICATION INCLUDES...	Before Order	After Order
a. Telephone service (for schools/school districts/consortia only): How many classrooms had phone service before and after your order?	8	8
b. High-bandwidth voice/data/video service: How many buildings served before and after your order?	1	1
c. High-bandwidth voice/data/video service: Highest speed to a building before and after your order?	128K	128K
d. Dial-up Internet connections: How many before and after your order?	0	0
e. Dial-up Internet connections: Highest speed before and after your order?	0	0
f. Direct connections to the Internet: How many before and after your order?	1	1
g. Direct connections to the Internet: Highest speed before and after your order?	128K	128K
h. Internet access (for schools): How many rooms have Internet access before and after your order?	25	25
i. Internet access (for libraries): How many buildings have Internet access before and after your order?		
j. Internet access: How many computers (or other devices) with Internet access before and after your order?	45	45

k. Other technology outcomes?

0

0

Block

Reset Page

Block

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[HOME](#) [CANCEL](#) [SAVE & EXIT](#) [HELP](#)**FCC Form 471**

Services Ordered and Certification Form

[Block 1](#)[Block 2 & 3](#)[Block 5](#)[Block 6](#)

Applicant's Form Identifier: HES471

Entity Number: 7994

Contact Person: KATHLEEN JANNARONE

Phone Number: (732) 872-9228

[Bottom](#)[Block 4 Discount Calculation Worksheet A for Schools/School Districts \(Display\)](#)

Type "A" Worksheet No. <u>263584</u> <input type="button" value="v"/>		
1. Name of School: HIGHLANDS ELEMENTARY SCHOOL		2. Entity Number: 7994
3. Urban or Rural: Urban	4. Total # of Students: 270	5. # of Students Eligible: 142
6. %Students Eligible for NSLP (#5 / #4): 52.592%	7. Discount % from Discount Matrix: 80%	8. Weighted Product (#

Total number of students (#4) for all entities listed in this worksheet: 270

Total weighted product (#8) for all entities listed in this worksheet: 216

Weighted Average Discount % for Shared Services (#8 total / #4 total X 100) for this worksheet: N/A

[Top](#)[Add New Entity](#)[Add New Type A Worksheet](#)[Block 4](#)[Remove This Worksheet](#)[Copy This Worksheet](#)[Block 5](#)[Print Page](#)

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FCC Form 471

Services Ordered and Certification Form



Block 1

Block 2 & 3

Block 4

Block 6

471 Block 5 Add New Funding Request - Search Results for Service Provider

For service type *Internet Access*, select your service provider, then click **Accept**

Select	S.P.I.N	Name	Street	City	State
<input checked="" type="radio"/>	143006661	Atlantic Internet Technology Inc.	628 Shrewsbury Ave.	Red Bank	NJ

[Reject](#)[Accept](#)

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HOME

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HELP

Block 1

Block 2 & 3

Block 4

Block 6

FCC Form 471

Services Ordered and Certification Form

SLD

Applicant's Form Identifier: HES471

Entity Number: 7994

Contact Person: KATHLEEN JANNARONE

Phone Number: (732) 872-9228

Block 5: Funding Requests

Funding Request Number (FRN): (assigned by Administrator)

11. Category of Service (only ONE category should be checked)

☐ Telecommunications Service ☒ Internet Access ☐ Internal Connections

12	Form 470 Application Number (15 digits)	948220000340559
13	SPIN - Service Provider Identification Number (9 digits)	143006661
14	Service Provider Name	Atlantic Internet Technology, Inc.
15	Use Contract Number for contracted services (indicate N/A if not available); use "T" if tariffed services; use "MTM" if month-to-month services.	MTM
16	Billing Account Number (e.g. billed telephone number)	HIGHLANDS BOARD OF EDUCAT
17	Allowable Vendor Selection/Contract Date (mm/dd/yyyy, based on Form 470 filing)	01/18/2001
18	Contract Award Date (mm/dd/yyyy)	
19a	Service Start Date (mm/dd/yyyy)	07/01/2001
19b	Service End Date (mm/dd/yyyy) (use only for "T" or "MTM" services)	06/30/2002
20	Contract Expiration Date (mm/dd/yyyy)	

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21. Description of This Service: You MUST forward a description of this service on paper, including a breakdown of components and costs, plus any relevant brand names. Label this paper description with an Attachment #, and note number here:

Attachment # HES101AIT

22. Entity/Entities Receiving This Service:

a. If the service is site-specific (provided to one site and not shared by others), select the Entity Number of the entity from Block 4 receiving this service: #7994 - 80% - HIGHLANDS ELEMENTARY SCHO

b. If the service is shared by all entities on a Block 4 worksheet, select the worksheet number:

23. Calculations

a.	Monthly charges (total amount per month for service)	<u>330.</u>
b.	How much of the amount in (a) is ineligible?	<u>0.</u>
f.	Annual non-recurring (one-time) charges	<u>0.</u>
g.	How much of the amount in (f) is ineligible?	<u>0.</u>

[Reset Page](#)

[Block 4](#)

[Add New Funding Request](#)

[Block 5 Display](#)

[Block 6](#)

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DESCRIPTION OF SERVICES ATTACHMENT #HES101AIT

FORM 471 APPLICANT: HIGHLANDS SCHOOL DISTRICT

FORM 471 APPLICANT'S FORM IDENTIFIER: HES471

FORM 471 APPLICATION NUMBER: 239158

CONTACT PERSON: KATHLEEN JANNARONE
360 NAVESINK AVENUE
HIGHLANDS, NJ 07732
732-872-9228

SERVICE PROVIDER LEGAL NAME:

ATLANTIC INTERNET TECHNOLOGY, INC. - 628 SHREWSBURY AVE. - RED BANK, NJ 07701

ACCOUNT # HIGHLANDS BOARD OF EDUCATION

DESCRIPTION OF SERVICES & COSTS --- SAMPLE MONTHLY BILL IS ATTACHED

TELEPHONE LINE CHARGES	\$180 MONTHLY
DEDICATED, HIGH-SPEED ACCESS TO THE INTERNET	\$150 MONTHLY

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FEDERAL RESERVE

MONTH-TO-MONTH
SPIN #143006661
BLOCK 5 - FRN
FUNDING REQUEST NUMBER

01A00488

ATLANTIC INTERNET TECHNOLOGIES628 SHREWSBURY AVE.
RED BANK, NJ 07701**Invoice****DATE****INVOICE #**

1/1/01

6375

BILL TO:Highlands Board of Education
Navesink Avenue
Highlands, NJ 07732-1323**P.O. NUMBER****TERMS****PROJECT**

00A00028

Net 30

QUANTITY**DESCRIPTION****RATE****AMOUNT**

1 Monthly Bell Atlantic 128 K Centrex ISDN Line Charge

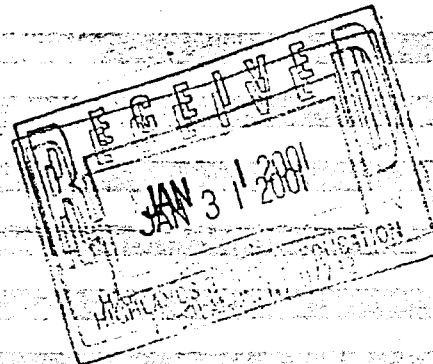
180.00

180.00

1 Monthly 128 K Internet Service Charge

150.00

150.00

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If questions, please call (732) 758-0505

TOTAL**\$330.00**

HOME

CANCEL

HELP

FCC Form 471

Services Ordered and Certification Form



Block 1

Block 2 & 3

Block 4

Block 6

471 Block 5 Add New Funding Request - Search Results for Service ProviderFor service type *Telecommunications Service*, select your service provider, then click **Accept**

Select	S.P.I.N	Name	Street	City	State
<input checked="" type="radio"/>	143001123	WorldCom, Inc	3 Ravinia Dr 11th Fl	Atlanta	GA

<input type="button" value="Reject"/>	<input type="button" value="Accept"/>
---------------------------------------	---------------------------------------

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HOME CANCEL HELP

Block 1

Block 2 & 3

Block 4

Block 6

FCC Form 471

Services Ordered and Certification Form



Applicant's Form Identifier: HES471

Entity Number: 7994

Contact Person: KATHLEEN JANNARONE

Phone Number: (732) 872-9228

Block 5 Declaration/Request

Funding Request Number (FRN): (assigned by Administrator)

11. Category of Service (only ONE category should be checked)

☒ Telecommunications Service ☐ Internet Access ☐ Internal Connections

12	Form 470 Application Number (15 digits)	948220000340559
13	SPIN - Service Provider Identification Number (9 digits)	143001123
14	Service Provider Name	WorldCom, Inc.
15	Use Contract Number for contracted services (indicate N/A if not available); use "T" if tariffed services; use "MTM" if month-to-month services	MTM
16	Billing Account Number (e.g. billed telephone number)	7328729228
17	Allowable Vendor Selection/Contract Date (mm/dd/yyyy, based on Form 470 filing)	01/18/2001
18	Contract Award Date (mm/dd/yyyy)	
19a	Service Start Date (mm/dd/yyyy)	07/01/2001
19b	Service End Date (mm/dd/yyyy) (use only for "T" or "MTM" services)	06/30/2002
20	Contract Expiration Date (mm/dd/yyyy)	

21. Description of This Service: You MUST forward a description of this service on paper, including a breakdown of components and costs, plus any relevant brand names. Label this paper description with an Attachment # and note number here:

Attachment # HES102MCT

22. Entity/Entities Receiving This Service:

a. If the service is site-specific (provided to one site and not shared by others), select the Entity Number of the entity from Block 4 receiving this service: #7994 - 80% - HIGHLANDS ELEMENTARY SCHO [v]

b. If the service is shared by all entities on a Block 4 worksheet, select the worksheet number: [v]

23. Calculations

a.	Monthly charges (total amount per month for service)	300
b.	How much of the amount in (a) is ineligible?	0
f.	Annual non-recurring (one-time) charges	0
g.	How much of the amount in (f) is ineligible?	0

Reset Page

Print

Block 4

Add New Funding Request

Block 5 Issues

Block 6

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DESCRIPTION OF SERVICES ATTACHMENT #HES102MCI

FORM 471 APPLICANT: HIGHLANDS SCHOOL DISTRICT

FORM 471 APPLICANT'S FORM IDENTIFIER: HES471

FORM 471 APPLICATION NUMBER: 239158

CONTACT PERSON: KATHLEEN JANNARONE
360 NAVESINK AVENUE
HIGHLANDS, NJ 07732
732-872-9228

SERVICE PROVIDER LEGAL NAME:

MCI WORLD COM – P.O. BOX 856053 – LOUISVILLE, KY 40285-6053

ACCOUNT # 732-872-9228

DESCRIPTION OF SERVICES & COSTS – SAMPLE MONTHLY BILL IS ATTACHED

LONG DISTANCE TELEPHONE SERVICES Approximately \$300 Monthly

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FUNDING REQUEST

MONTH-TO-MONTH

SPIN #143001123

BLOCK 5 – FRN

FUNDING REQUEST NUMBER

MCI WORLD COM.

HIGHLANDS BOARD OF EDUCATION
GRACE LEAHY
360 NAVESINK AVENUE
HIGHLANDS, NJ 07732-1323

01H0048
110002305307ELE
MCI One for Small Business
11/21-12/20

Invoice Date:	12/22/00
Account Number:	08646320463
Primary Telephone Number:	(732) 872-9228
Page 1 of 22	

☎ FOR 24 HOUR CUSTOMER SERVICE CALL

1-800-475-5000

Previous Balance	Payments	Adjustments	Remaining Balance	Current Charges	Total Amount Due	Due Date
\$287.59	\$287.59 cr	\$.00	\$.00	\$320.25	\$320.25	1/15/01

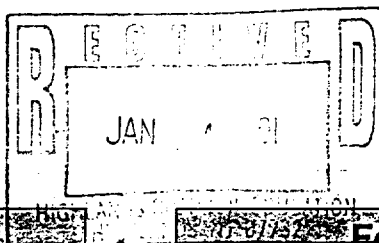
Current Charges

Long Distance Service (Plus Plan)
Taxes and Surcharges

\$ 313.38
6.87

Total Current Charges

\$320.25



Savings

At MCI WorldCom, we're always looking for new ways to help your business save money. To find out how you can increase your savings, just call an MCI WorldCom Customer Service Professional.

For Your Information

✓ **CONSOLIDATE ALL YOUR LONG DISTANCE LINES TODAY!**
If you have additional phone lines with another long distance company, why not switch them to MCI WorldCom(sm)? You can benefit from our savings and have ALL your long distance charges on one simple monthly invoice. To switch your other lines, call Customer Service today.

✂ Please detach and return this remittance with your payment. Payment must be received by the DUE DATE to appear on next month's invoice.

MCI WORLD COM.

Account Number	Total Amount Due	Due Date	Amount Enclosed
08646320463	\$320.25	1/15/01	

#BWNCCYR***** 3-DIGIT 077

#086463204635#

6080 3 AT 0.655

|||||
HIGHLANDS BOARD OF EDUCATION
GRACE LEAHY
360 NAVESINK AVENUE
HIGHLANDS, NJ 07732-1323



Please check here and complete reverse side for address changes.



Send Payment To:

|||||
MCI WORLD COM
P.O. BOX 856053
LOUISVILLE, KY 40285-6053

01 08646320463 000032025 122200 4

HOME

CANCEL

HELP

FCC Form 471

Services Ordered and Certification Form

SLD

Block 1

Block 2 & 3

Block 4

Block 6

471 Block 5 Add New Funding Request - Search Results for Service ProviderFor service type *Telecommunications Service*, select your service provider, then click *Accept*

Select	S.P.I.N.	Name	Street	City	State
<input checked="" type="radio"/>	143001362	Verizon- New Jersey, Inc.	Vall Adams 402 Fayette Street Lower Level	Conshohocken	PA

<input type="button" value="Accept"/>	<input type="button" value="Cancel"/>
---------------------------------------	---------------------------------------

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FUNDING UNIT

HOME

CANCEL

HELP

Block 1

Block 2 & 3

Block 4

Block 6

FCC Form 471

Services Ordered and Certification Form

SLD

Applicant's Form Identifier: HES471

Entity Number: 7994

Contact Person: KATHLEEN JANNARONE

Phone Number: (732) 872-9228

Block 5: Personal/Privacy Requests

Funding Request Number (FRN): (assigned by Administrator)

11. Category of Service (only ONE category should be checked)

☒ Telecommunications Service ☐ Internet Access ☐ Internal Connections

12	Form 470 Application Number (15 digits)	948220000340559
13	SPIN - Service Provider Identification Number (9 digits)	143001362
14	Service Provider Name	Verizon- New Jersey, Inc.
15	Use Contract Number for contracted services (indicate N/A if not available); use "T" if tariffed services; use "MTM" if month-to-month services	MTM
16	Billing Account Number (e.g. billed telephone number)	7328721476
17	Allowable Vendor Selection/Contract Date (mm/dd/yyyy, based on Form 470 filing)	01/18/2001
18	Contract Award Date (mm/dd/yyyy)	
19a	Service Start Date (mm/dd/yyyy)	07/01/2001
19b	Service End Date (mm/dd/yyyy) (use only for "T" or "MTM" services)	06/30/2002
20	Contract Expiration Date (mm/dd/yyyy)	

21. Description of This Service: You MUST forward a description of this service on paper, including a breakdown of components and costs, plus any relevant brand names. Label this paper description with an Attachment #, and note number here:

Attachment # HE9103VER

22. Entity/Entities Receiving This Service:

a. If the service is site-specific (provided to one site and not shared by others), select the Entity Number of the entity from Block 4 receiving this service: #7994 - 80% - HIGHLANDS ELEMENTARY SCHO

b. If the service is shared by all entities on a Block 4 worksheet, select the worksheet number:

23. Calculations

a.	Monthly charges (total amount per month for service)	<u>600.</u>
b.	How much of the amount in (a) is ineligible?	<u>0.</u>
f.	Annual non-recurring (one-time) charges	<u>0.</u>
g.	How much of the amount in (f) is ineligible?	<u>0.</u>

[Reset Page](#)

[Block 4](#)

[Add New Funding Request](#)

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[Block 6](#)

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DESCRIPTION OF SERVICES ATTACHMENT #HES103VER

FORM 471 APPLICANT: HIGHLANDS SCHOOL DISTRICT

FORM 471 APPLICANT'S FORM IDENTIFIER: HES471

FORM 471 APPLICATION NUMBER: 239158

CONTACT PERSON: KATHLEEN JANNARONE

360 NAVESINK AVENUE

HIGHLANDS, NJ 07732

732-872-9228

SERVICE PROVIDER LEGAL NAME:

VERIZON NEW JERSEY – P.O. BOX 4833 – TRENTON, NJ 08650-4833

ACCOUNT # 732-872-1476 (PRIMARY NUMBER)

DESCRIPTION OF SERVICES & COSTS --- SAMPLE MONTHLY BILL IS ATTACHED

LOCAL/REGIONAL TELEPHONE SERVICES Approximately \$600 Monthly

MONTH-TO-MONTH

SPIN #143001362

BLOCK 5 – FRN

FUNDING REQUEST NUMBER

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APR 22 2007



Page 3 of 7
732 872-9228-409 36Y

BOARD OF EDUCATION
NAVESINK AV
BLDG HIGHLANDS
HIGHLANDS NJ

07732

January 2, 2001

Voucher No. Date
Form approved by local Finance Board and
Division of Finance and Regulatory
Services Dept. of Education

Curr amt due for telephone service \$116.97 From 12-2-00 To 1-1-01



Page 3 of 15
732 872-1476-206 91Y

BOARD OF EDUCATION
NAVESINK AV
BLDG HIGHLANDS
HIGHLANDS NJ

07732

January 2, 2001

Voucher No. Date
Form approved by local Finance Board and
Division of Finance and Regulatory
Services Dept. of Education

Curr amt due for telephone service \$354.05 From 12-2-00 To 1-1-01



Page 3 of 4
732 291-9560-209 60Y

BOARD OF EDUCATION
306 NAVESINK AV
HIGHLANDS NJ

07732

December 20, 2000

Voucher No. Date
Form approved by local Finance Board and
Division of Finance and Regulatory
Services Dept. of Education

Curr amt due for telephone service \$49.25 From 11-20-00 To 12-19-00



Page 3 of 7
732 291-2964-770 45Y

BOARD OF EDUCATION
NAVESINK AV
BLDG HIGHLANDS
HIGHLANDS NJ

07732

December 20, 2000

Voucher No. Date
Form approved by local Finance Board and
Division of Finance and Regulatory
Services Dept. of Education

Curr amt due for telephone service \$29.43 From 11-20-00 To 12-19-00



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732 933-0780-853 85Y

HIGHLANDS BD OF ED
C-O RED BANK COMP CNTR
NAVESINK AV
HIGHLANDS NJ

07732

January 2, 2001

Voucher No. Date
Form approved by local Finance Board and
Division of Finance and Regulatory
Services Dept. of Education

Curr amt due for telephone service \$29.51 From 12-2-00 To 1-1-01



Page 3 of 4
732 291-2038-498 49Y

BOARD OF EDUCATION
HIGHLANDS ELEM SCHL
NAVESINK AV
HIGHLANDS NJ

07732

December 20, 2000

Voucher No. Date
Form approved by local Finance Board and
Division of Finance and Regulatory
Services Dept. of Education

Curr amt due for telephone service \$25.57 From 11-20-00 To 12-19-00

HOME CANCEL HELP

FCC Form 471

Services Ordered and Certification Form



Block 1

Block 2 & 3

Block 4

Block 5

Applicant's Form Identifier: HES471

Entity Number: 7994

Contact Person: KATHLEEN JANNARONE

Phone Number: (732) 872-9228

Block 6: Certifications and Signature

24. The entities listed in Block 4 of this application are eligible for support because they are: (Check one or both)

- a. ☒ schools under the statutory definitions of elementary and secondary schools found in the Elementary and Secondary Education Act of 1965, 20 U.S.C. Secs. 8801(14) and (25), that do not operate as for-profit businesses, and do not have endowments exceeding \$50 million; and/or
- b. ☐ libraries or library consortia eligible for assistance from a state library administrative agency under the Library Services and Technology Act of 1996 that do not operate as for-profit businesses and whose budgets are completely separate from any school (including, but not limited to) elementary and secondary schools, colleges and universities.

25. The eligible schools and libraries listed in Block 4 of this application have secured access to all of the resources, including computers, training, software, maintenance, and electrical connections necessary to make effective use of the services purchased as well as to pay the discounted charges for eligible services.

26. All of the schools and libraries or library consortia listed in Block 4 of this application are covered by:

- a. ☒ an individual technology plan for using the services requested in this application; and/or
- b. ☐ higher-level technology plan(s) for using the services requested in this application; or
- c. ☐ no technology plan needed; applying for basic local and long distance telephone service only.

27. Status of technology plans (if representing multiple entities with mixed technology plan status, check both a and b):

- a. ☒ technology plan(s) has/have been approved; and/or
- b. ☐ technology plan(s) will be approved by a state or other authorized body; or
- c. ☐ no technology plan needed; applying for basic local and long distance telephone service only.

28. I certify that the entities eligible for support that I am representing have complied with all applicable state and local laws regarding procurement of services for which support is being sought.

29. I certify that the services the applicant purchases at discounts provided by 47 U.S.C. Sec. 254 will be used solely for educational purposes and will not be sold, resold, or transferred in consideration for money or any other thing of value.

30. I certify that the entity(ies) I represent has complied with all program rules and I acknowledge that failure to do so may result in denial of discount funding and/or cancellation of funding commitments.

31. I understand that the discount level used for shared services is conditional, for future years, upon ensuring that the most disadvantaged schools and libraries that are treated as sharing in the service, receive an appropriate share of benefits from those services.

32. I recognize that I may be audited pursuant to this application. I will retain for five years any and all worksheets and other records that I rely upon to fill out this application, and, if audited, will make available to the Administrator such records.

33. I certify that I am authorized to submit this request on behalf of the above-named entities, that I have examined this request, and to the best of my knowledge, information, and belief, all statements of fact contained herein are true.

36. Printed name of authorized person

Kathleen Jannarone

KATHLEEN C. JANNARONE

37. Title or position of authorized person

SCHOOL BUS. ADMINISTRATOR

38. Telephone number of authorized person

(734) - 872 9228

Persons willfully making false statements on this form can be punished by fine or forfeiture, under the Communications Act, 47 U.S.C. Secs. 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. Sec. 1001.

The Americans with Disabilities Act, the Individuals with Disabilities Education Act and the Rehabilitation Act may impose obligations on entities to make the services purchased with these discounts accessible to and usable by people with disabilities.

Block 6 Display

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Entity Number 7994 Applicant's Form Identifier HES471
 Contact Person Kathleen Jannarone Phone Number 732-872-9228

Block 6: Certifications and Signature

- 24 The entities listed in Block 4 of this application are eligible for support because they are: (Check one or both.)
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- 33 I certify that I am authorized to submit this request on behalf of the above-named entities, that I have examined this request, and to the best of my knowledge, information, and belief, all statements of fact contained herein are true.

34 Signature of authorized person <u>Kathleen Jannarone</u>	35 Date <u>August 7, 2001</u>
36 Printed name of authorized person <u>KATHLEEN JANNARONE</u>	
37 Title or position of authorized person <u>SCHOOL BUSINESS ADMINISTRATOR</u>	
38 Telephone number of authorized person: <u>(732) 872-9228 ext.</u>	
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